

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99602 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

Date of Death, May 3rd 1887  
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Lizzie & Peter Dean  
Sex, Male or Female, {Cross out the word not required in this line.} Male  
Age, Years, Months, 22 Days.  
Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single  
Occupation, Baltimore

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 615 Gasper St

Cause of Death, {First (Primary), Second (Immediate),} Marasmus

Duration of Last Sickness, All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, May 4th 1887

{Undertaker, John A Owens, James A. Stewart, M. D., Am. of Health Registrar  
Place of Business, Address, Per A. Stewart

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Walter C. Roberts Inspector



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

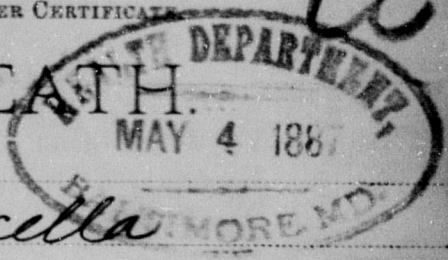
Health Department, City of Baltimore.

Permit No. 99603 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.



Date of Death, May 30 1887

Full Name of Deceased, David Porcella

Sex, Male or Female, Male

Age, 2 Years, 15 Months, Days

Color, white

Married, Single, Widowed or Widower, Single

Occupation, Balto

Birth Place, Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, 302 President St. (old No. 59)

Cause of Death, First (Primary), Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, May 4 1887

Undertaker, Jas P Byrne

Place of Business, 302 N Gay Address, 1020 E. Balto St

J. P. Balis M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



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# Health Department, City of Baltimore.

Permit No.

99604

Office of Registrar of Vital Statistics.

Ward

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

Date of Death,

May 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Albert J. Taylor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years,

Months,

Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Mulberry Court # 817

Cause of Death, { First (Primary),

Second (Immediate),

Mal-nutrition

Duration of Last Sickness,

about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, May 4 1887

Undertaker, William H. Dunge

Place of Business, 150 East St

L. G. Sparrow

M. D.

Medical Attendant.

Address,

Coroner

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[OVER.]



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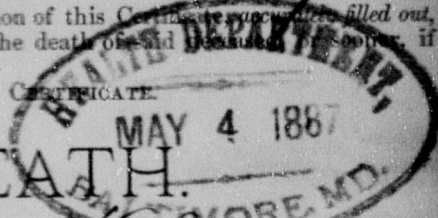
# Health Department, City of Baltimore.

Permit No. 99605 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, <sup>if filled out,</sup> to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased person, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



## CERTIFICATE OF DEATH.

Date of Death, May 4<sup>th</sup> 1887

Full Name of Deceased, <sup>{ Write legibly and spell correctly. If an Infant not named, give names of parents. }</sup> Rosa Adele Arny

Sex, Male or Female, <sup>{ Cross out the word not required in this line. }</sup> Female Amer.

Age, 4 Years, 5 Months, 5 Days.

Color, White ✓

Married, Single, Widow or Widower, <sup>{ Cross out the words not required in this line. }</sup>

Occupation, Ballroom

Birth Place, <sup>{ State or country, and how long in the United States, if of foreign birth. }</sup> Dur.

Duration of Residence in the City of Baltimore, 1730 Bay St

Place of Death, <sup>{ Give Street and Number. }</sup> 1730 Bay St

Cause of Death, <sup>{ First (Primary), Second (Immediate), }</sup> Acute Phthisis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Pleasant

Date of Burial, May 5

Under taker, B. Mack

Place of Business, 115 West Address, 104 Fort

Medical Attendant, D. A. Cooke M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99606 Office of Registrar of Vital Statistics. Ward 20<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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### CERTIFICATE OF DEATH

Date of Death, May 4<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ruth Ambler,

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 23 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City ✓

Duration of Residence in the City of Baltimore, 23 days

Place of Death, { Give Street and Number. } 907 Myrtle Ave

Cause of Death, { First (Primary), Second (Immediate), } Inanition

Duration of Last Sickness, 23 days

All the above information should be furnished by the Physician.

Place of Burial, Salisbury Harford Co. Md.

Date of Burial, May 4<sup>th</sup> 1887

{ Undertaker, Mr. Weaver } John P. Huntington M. D. Medical Attendant.

{ Place of Business, 1738 N. Eutamia } Address, 505 St. Carroll Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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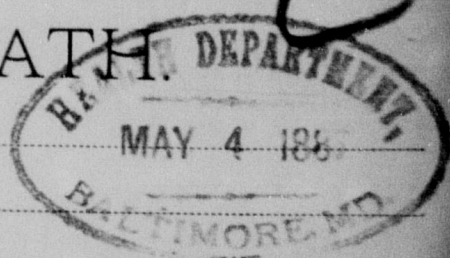
# Health Department, City of Baltimore.

Permit No. 9960 Office of Registrar of Vital Statistics. Ward 2<sup>nd</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH



Date of Death, May 4 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Heck

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 24 Years, — Months, — Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 3 1/2 yrs

Place of Death, { Give Street and Number. } 225 Old Eastern Ave.

Cause of Death, { First (Primary), Second (Immediate), } Puerperal Septicemia  
Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ch.

Date of Burial, May 5<sup>th</sup> 1887

Undertaker, Michael Funk Samuel C. Bracher M. D.

Medical Attendant.

Place of Business, 1803 Bank St Address, 711 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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# Health Department, City of Baltimore.

Permit No. 99608

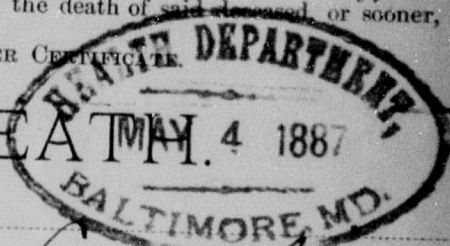
Office of Registrar of Vital Statistics.

Ward 20

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## CERTIFICATE OF DEATH



Date of Death, May 4 1887

Full Name of Deceased, James Laughlin

Sex, Male or Female, male

Age, 74 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, married

Occupation, none

Birth Place, Ireland

Duration of Residence in the City of Baltimore, 46 years

Place of Death, 840 Edmondson Ave

Cause of Death, Bright Disease

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 5 1887

Undertaker, F. Lewis Schaefer

Place of Business, 316 N. Fremont

Address, 601 N. Howard

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# Health Department, City of Baltimore.

Permit No. 99609 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH

Date of Death, May 4<sup>th</sup> 1887

Full Name of Deceased, John R. Rapp  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 6 Years, 1 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, Married  
{ Cross out the words not required in this line. }

Occupation, Grocer

Birth Place, Germany  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 37 years

Place of Death, 121 Pine St.  
{ Give Street and Number. }

Cause of Death, Erysipelas facialis, Chronic Rheumatism  
{ First (Primary), Double Pneumonia }  
Over Work  
{ Second (Immediate), }

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Balto Gen

Date of Burial, May 6<sup>th</sup> 1887

Undertaker, J. Lewis Schaefer Louis D. Horn M. D.  
Medical Attendant.

Place of Business, 316 N. Mount Address, cor Mulberry & Myrtle

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

9961

Office of Registrar of Vital Statistics.

Ward

14

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## CERTIFICATE OF DEATH

Date of Death,

May 3<sup>d</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bridget Donnelly

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

5-4

Years,

Months,

Days

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Married

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Ireland.

Duration of Residence in the City of Baltimore,

35 years.

Place of Death,

{ Give Street and Number. }

1045- Arlington Avenue

Cause of Death,

{ First (Primary),

Second (Immediate),

Apoplexy

Duration of Last Sickness,

24 hours.

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral

Date of Burial,

May 6<sup>th</sup> 1887

Undertaker,

M. Cadogan

Louis W. Knight

M. D.

Medical Attendant.

Place of Business,

227 Mulberry St.

Address, 414 N. Greene St.

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[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99611 Office of Registrar of Vital Statistics.

Ward 4<sup>th</sup>

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### CERTIFICATE OF DEATH.

Date of Death, May 4 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John J. Berry

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 47 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 10 Watson St.

Cause of Death, { First (Primary), Second (Immediate), } Cerebral Softening  
Heart Failure  
6 weeks

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 6<sup>th</sup>

{ Undertaker, Geo Schilling } J. G. Meyer M. D.

Medical Attendant.

{ Place of Business, Edland Square } Address, 4 Dr. Euter St.

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